


EMPLOYEE WITNESS # 2

DECLARATION OF [REDACTED]

I, [REDACTED], declare as follows:

- 1) I am over the age of 18, and competent to testify as follows, based upon my personal knowledge.
- 2) I am employed as a registered nurse at the Veterans Affairs ("VA") Maine Healthcare System, in Augusta, Maine, which is part of the Veterans Health Administration ("VHA").
- 3) The VHA is the largest integrated health care system in the United States, employing more than 367,200 full time health care professionals and support staff, who deliver healthcare services to over 9 million veterans at 1,293 healthcare facilities throughout the United States. (See <https://www.va.gov/health/aboutvha.asp>).
- 4) In Maine, the VA Maine Healthcare System serves over 42,500 veterans at facilities in Bangor, Calais, Caribou, Lewiston, Lincoln, Portland, Rumford, Saco, and the facility in Augusta, where I am based. (See <https://www.maine.va.gov/about/index.asp>).
- 5) The VHA permits and freely grants exemptions and accommodations to healthcare employees with sincerely held religious objections to mandatory vaccinations, including COVID-19 vaccination.
- 6) The VHA form for requesting and obtaining a religious exemption and accommodation from its mandatory COVID-19 vaccination policy is very simple, and requires employees only to check a box indicating that they have a deeply held religious belief that prevents them from receiving the COVID-19 vaccine, and that they have notified their immediate supervisor in writing of that belief. Employees are not required or expected to explain the nature

of their religious beliefs, and supervisors are not required to “approve” those beliefs. Here is a true and accurate copy of the VHA exemption form:

 Department of Veterans Affairs	COVID-19 VACCINATION
DATE (MM/DD/YYYY): 08/04/2021	
I am a VHA: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Other - please indicate: _____	
CHECK ONE STATEMENT BELOW AND COMPLETE AND SIGN THE LAST SECTION OF THIS FORM PRIOR TO SUBMISSION TO EMPLOYEE OCCUPATIONAL HEALTH:	
<input type="checkbox"/> I received the full COVID-19 vaccine series (any required documentation is attached).	
<input type="checkbox"/> I have been granted a medical exemption from receiving the COVID-19 vaccine. I have a contraindication for the COVID-19 vaccine as defined by Centers for Disease Control and Prevention (CDC). The reasons for contraindication must be recognized contraindications and precautions by the CDC, found here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refval=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html , located under Interim Clinical Considerations for Use or Vaccine Indications. This has been discussed and acknowledged by my personal physician. I understand that by declining to receive the vaccine within eight weeks of publication of this directive, or within eight weeks of beginning employment, I must wear a face mask according to requirements and guidelines within VHA Directive 1193, COVID-19 Vaccination Program for VHA Employees and Health Care Personnel.	
Printed Physician Name and Address _____	
Physician Signature	Date (MM/DD/YYYY) _____ National Provider Identification Number _____
Supervisor Signature	Date (MM/DD/YYYY) _____ Supervisor Email _____
<input checked="" type="checkbox"/> I notified my immediate supervisor in writing that I have a deeply held religious belief that prevents me from receiving the COVID-19 vaccine. I understand that by declining to receive the vaccine within eight weeks of publication of this directive, or within eight weeks of beginning employment, I must wear a face mask according to requirements and guidelines within VHA Directive 1193, COVID-19 Vaccination Program for VHA Employees and Health Care Personnel.	
Supervisor Signature	Date (MM/DD/YYYY) _____ Supervisor Email _____
I have read and fully understand the information on this form and have been given the opportunity to have my questions answered. I understand that violation of the directive may result in disciplinary action up to and including removal from Federal service.	
Name (print):	Last 4 SS#:
Dept./Serv:	Date (MM/DD/YYYY): 08/04/2021
Employee Signature:	
VHA Title 38HCP are to provide this form to the VHA facility Employee Occupational Health Office. Secure electronic submission is permissible.	

7) Once a VHA employee checks the box and completes the exemption form, he or she is automatically exempted from the mandatory vaccination policy, and permitted to continue in the same job function, with the same duties and responsibilities. The only requirement (or accommodation) for exempt employees is that they must wear a face mask according to requirements and guidelines within VHA Directive 1193, as stated on the exemption form above.

8) On August 13, 2021, I submitted the above exemption form.

9) On the same date, my exemption was formally acknowledged.

10) My exemption and accommodation permit me to continue all of my previous duties and responsibilities, including working on-site, interacting with colleagues, and providing quality and safe care to my patients. As part of my accommodation, I am required to use a mask, as stated in the exemption form. My individual facility is also requiring twice weekly testing for COVID-19 for those exempted healthcare workers such as myself who have to work in the long term care unit. I comply with all of these requirements.

11) Until recently, I was also working as a per diem nurse at Eastport Memorial Nursing Home, in Eastport, Maine. I requested a religious exemption there as well. I was told that even though my employer wanted to provide me with an exemption, it could not do so because the State of Maine had abolished religious exemptions for healthcare workers. My employment there was terminated as a result.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Dated: September 16, 2021

